Goldfields Mental Health Portal
Referral Form
…because My Life Matters

To be eligible the client must meet criteria from all three boxes below:		
The holder of a current Health Care Card or be in severe financial hardship or live in an area where no other services are available	Experiencing mild to severe mental health illness	Currently not in crisis or in need of urgent assistance

Client Details				
HCC No.		**HCC Expiry**		
Client Surname	**Client Given Name**		**D.O.B**	
Client Address:		Client Postal address:		
Ph:	Email:			
Gender: ☐ Male	☐ Female	☐ Intersex	☐ Transgender	
Interpreter Required? ☐ Yes ☐ No		Language:		
☐ Aboriginal	☐ Torres Strait Islander	☐ Both Aboriginal and Torres Strait Islander	☐ Neither Aboriginal or Torres Strait Islander	☐ Undisclosed
Parent/guardian (if Under 16) or NoK			Ph:	
Prior mental health care? ☐ Yes ☐ No		If Yes, which provider?		

Referrer Details	
Name:	Title:
Practice/Organisation:	Ph:
Email:	Fax:
Address:	

Reason for Referral

Goldfields Mental Health Portal
Referral Form
…because My Life Matters

Mental health Diagnosis/History (Please attach a Mental Health Management Plan where available)
Client Name:
Significant History (Medical, Physical Health, Medication; including issues, Developmental, Functional, Daily Living Skills, Social, Emotional, Trauma; including abuse or neglect, etc.)

Consent	
☐ I have discussed this referral with the client and the client consents to being referred to the Goldfields Mental Health Portal	
Referrer Signature:	Date:

K10 **In the past 4 weeks:**		**None of the time**	**A little of the time**	**Some of the Time**	**Most of the time**	**All of the time**
1	About how often did you feel tired out for no good reason?	1	2	3	4	5
2	About how often did you feel nervous?	1	2	3	4	5
3	About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4	About how often did you feel hopeless?	1	2	3	4	5
5	About how often did you feel restless or fidgety?	1	2	3	4	5
6	About how often did you feel so restless you could not sit still?	1	2	3	4	5
7	About how often did you feel depressed	1	2	3	4	5
8	About how often did you feel that everything was an effort?	1	2	3	4	5
9	About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10	About how often did you feel worthless?	1	2	3	4	5
	Total out of 50					

Goldfields Mental Health Portal
Referral Form
…because My Life Matters

PLEASE PROVIDE YOU CLIENT WITH A COPY OF THIS REFERRAL

Please e-mail this referral form to Goldfields Mental Health Portal at:
Enquiries@goldfieldsmentalhealthportal.com.au
or FAX to: 08 9080 0399
For any enquiries, please contact the Goldfields Mental Health Portal on: 08 9080 0379

Information for Client:

Goldfields Mental Health Portal will contact you to book your assessment appointment via telephone.
If you have not had contact within 14 days, please contact Goldfields Mental Health portal on 08 9080 0379